

10-10-01

PTO/SB/05 (2/98)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

For new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Attorney Docket No. NIAD-201.3 DIV	
	First Inventor or Application Identifier JACOBSON et al.	
	Title GENES ENCODING SEVERAL POLY (ADP-RIBOSE) GLYCOHYDROLASE (PARG) ENZYMES, THE PROTEINS...	
	Express Mail Label No. EL649538437US	

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <div style="display: flex; justify-content: space-between; align-items: center;"> Total Pages <div style="border: 1px solid black; padding: 2px 5px; margin-left: 10px;">69</div> </div> <div style="margin-top: 10px;"> - Descriptive title of the Invention - Cross References to Related Applications - Reference of Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure </div> 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> Total Sheets <div style="border: 1px solid black; padding: 2px 5px; margin-left: 10px;">21</div> </div> 4. <input checked="" type="checkbox"/> Oath or Declaration <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> Total Pages <div style="border: 1px solid black; padding: 2px 5px; margin-left: 10px;">8</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Newly executed (original or copy) <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <div style="margin-top: 10px;"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b) </div> </div> 5. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
		7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <div style="margin-top: 10px;"> a. <input type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies </div>	
		ACCOMPANYING APPLICATION PARTS	
		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement	<input type="checkbox"/> Power of Attorney
		10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
		12. <input checked="" type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12)	<input checked="" type="checkbox"/> Statement filed in prior application, Status is proper and desired		
15. <input type="checkbox"/> Certified Copy of Priority Document(s)			
16. <input checked="" type="checkbox"/> Other: Check For Filing Fee			

*** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/302,812					
Prior application information:		Examiner: K Lacourciere	Group / Art Unit: 1635		
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or bar code label <i>(Insert Customer No. or Attach bar code label here)</i>		or		<input checked="" type="checkbox"/> Correspondence address below	
Name					
	Fulbright & Jaworski LLP				
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Name (Print/Type)	Norman D. Hanson			Registration No. (Attorney/Agent)	30,946
Signature				Date	10/08/01

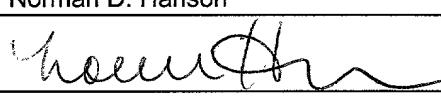
FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	To be assigned
		Filing Date	Herewith
		First Named Inventor	JACOBSON et al.
		Group Art Unit	To be assigned
		Examiner Name	To be assigned
		Attorney Docket No.	NIAD-201.3 DIV

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 370.00
TOTAL CLAIMS	30- 20 =	10	x 9.00	\$ 90.00
INDEPENDENT CLAIMS	10- 3 =	7	x 42.00	\$ 294.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	—
			TOTAL FEES	\$754.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 50-0624 in the amount of \$ _____
- A check for \$754.00 is enclosed to cover the cost of the Application filing fee.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: 16/08/07